## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/64392/

CLAIMS AS FILED - PART I							SMALI		OTHER THAN		
(Column 1) (Column 2)							TYPE		OR		ENTITY
FOR		NUMBER FILED		NUMBER	NUMBER EXTRA		FEE	7	RATE	FEE	
B	ASIC FEE				w <u>.</u>			345.00	OR		690.00
TC	OTAL CLAIMS		10	% minus	20= 88		X\$ 9=		OR	BARTA MARE DE LA VELA LA	TESI
IN	DEPENDENT C	LAIMS		7 minus	3= + 4		X39=	+	1	V70	110
ML	MULTIPLE DEPENDENT CLAIM PRESENT								OR		3/2
* If	* If the difference in column 1 is less than zero, enter "0" in column 2						+130=		OR	+260=	
					ero, enter of in o	COIUNIN Z	TOTAL		OR	TOTAL	2566
		SMALL	ENTITY	OR	OTHER SMALL I						
ENT A		REM AF	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total			Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	+ ENTATIO		Minus	***	=	X39=	<del>                                     </del>	OR	X78=	
	FIRST PRESE	ENTAIL	)N OF MU	JLTIPLE DEF	PENDENT CLAIM		130-	<del> </del>	1		
							+130= TOTAL		OR	+260= TOTAL	
		<b>10</b> -1	43				ADDIT. FEE		OR	ADDIT. FEE	
			umn 1) .AIMS		(Column 2) HIGHEST	(Column 3)					
AMENDMENT B		REM/	IAINING TER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	+ ENTATIO	· · · · · · · · · · · · · · · · · · ·	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NIAHO	N OF ML	JLTIPLE DEP	PENDENT CLAIM			<del>                                     </del>	1 1		<u> </u>
							+130=		OR	+260=	
							TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
	Section 1		umn 1) AIMS	1	(Column 2) HIGHEST	(Column 3)					
MENT C		REMA AF	AINING TER IDMENT	-1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	*		Minus	* **	=	X\$ 9=		OR	X\$18=	1 44
AME	Independent	•		Minus .	***	=	X39=		ŀ	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						A09=		OR	A/6=	
• If	the entry in colur	mn 1 is le	es than th	e entry in colur	mn 2, write "0" in colu		+130=		OR	+260=	
** If	f the "Highest Nun	mber Prev	viously Pai	aid For" IN THIS	S SPACE is less than	n 20. enter "20."	TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	
Ť	he "Highest Num	iber Previ	ously Paid	J For" (Total or	S SPACE is less than Independent) is the	n 3, enter "3." highest number f		propriate box			

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: C

## Total Fee Calculation

		100110	c Calcul	3011	.1			
	Fee Cade	Total # Claims	Number Extra	X	Fee	Fee	_	Total
• r	Sm./Lg.				Sin. Entity	Lg Entir	,	
Basic Filing Fee	201/101				345	690	•	690
Total Claims >20	205/103	108 .20	.80	N	9	18	•	1594
Independent Claums >3	202/102	1 .1-	4	X	39	18	7	3/2
Mult. Dep Claim Present	204.104		•		130	260	÷	
Surcharge	205/105				65	130		130
English Translation	139				<del></del>	,		
TOTAL FEE CALCULA	ATION						Ü	27/6
Fees due upon filing d	he application.							
Table 10 C		9711						

Total Filing Fees Due = Less Filing Fees Submined

BALANCE DUE

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)